## MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)

SERIAL NO.
101566, 886
APPLICANT(S)

FILING DATE 2-1-06

## **CLAIMS**

|                 | AS   | AS FILED   |     |      | AFTER 1"AMENDMENT                                |          |      | AFTER 2 TAMENDMENT                               |  |  |
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|                 |           | AS FILED |              |  | AFTER  |             |  |          | AFTER 2 MAMENDMENT |  |  |
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| 79<br>80        | ╀         |          |              |  | ╂  |             |  | ╀        | <del></del>        |  |  |
| 81              | ╁         |          |              |  | ╁  |             |  | ╁        |                    |  |  |
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| 86<br>87        | ╂         |          |              |  | ╀  |             |  | -        |                    |  |  |
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| OTAL DEP.       |           |          | <b>(-</b>    |  | +  |             |  | 4        |                    |  |  |
| TOTAL<br>CLAIMS |           |          |              |  |  |             |  |          |                    |  |  |

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